

Rec
stoplog

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

OPERATOR: License # 33583
Name: Admiral Bay (USA) Inc.
Address 1: 7060 B South Tucson Way
Address 2: _____
City: Centennial State: CO Zip: 80112 + _____
Contact Person: Chris Ryan
Phone: (303) 350-1255
CONTRACTOR: License # 33734
Name: HAT Drilling LLC
Wellsite Geologist: Chris Ryan
Purchaser: Seminole Energy Services
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SIOW _____
_____ Gas _____ ENHR _____ SIGW _____
 CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD _____
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
4-13-09 5-18-09 6-24-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

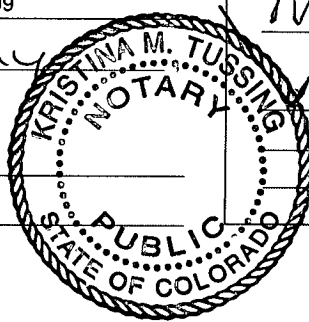
API No. 15 - 099-24550-00-00
Spot Description: _____
NE - SE - NE Sec. 1 Twp. 33 S. R. 18 East West
1650 Feet from North / South Line of Section
1650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Labette
Lease Name: Hinkle Well #: 7-1
Field Name: Mound Valley
Producing Formation: Cherokee Coals
Elevation: Ground: 834 Kelly Bushing: _____
Total Depth: 888 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 888
feet depth to: surface w/ 115 sx cmt.

Drilling Fluid Management Plan AH II NoR 8-12-09
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Air dry
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
Title: VP Business Development Date: July 23, 2009
Subscribed and sworn to before me this 23rd day of July
09
Notary Public: [Signature]
Date Commission Expires: 5-22-11



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Operator Name: Admiral Bay (USA) Inc. Lease Name: Hinkle Well #: 7-1
 Sec. 1 Twp. 33 S. R. 18 East West County: Labette

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| | | | | | | | | | | |
|--|---|-------|-----|-------|---------------|------|----|---------|------|----|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Dual Induction Compensated Density Neutron | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippian</td> <td>786'</td> <td>GL</td> </tr> <tr> <td>Excello</td> <td>312'</td> <td>GL</td> </tr> </table> | Name | Top | Datum | Mississippian | 786' | GL | Excello | 312' | GL |
| Name | Top | Datum | | | | | | | | |
| Mississippian | 786' | GL | | | | | | | | |
| Excello | 312' | GL | | | | | | | | |

| CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|-----------------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| Surface | 12.25 | 8.625 | | 22 | portland | 6 | |
| Production | 6.75 | 4.5 | | 886 | owc | 115 | 2%bentonite, 3%gypsum,2%cat.chlo. |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | | | | |
| | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| 4 | 776-778 | 30/50 brady, 100 gl. 7.5%hcl | |
| | | | |
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| | | | |
|---|-----------|---|-----------------------------------|
| TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ | | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of First, Resumed Production, SWD or Enhr. _____ | | Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. Gas-Oil Ratio Gravity |

| | | |
|--|---|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|--|



BREAK THROUGH

| | | | | | |
|--|--|-----------------------------------|--------------------------|--------------------------------------|-------------------------------|
| COMPANY ADMIRAL BAY RESOURCES | | FACILITY CLINTON | | API Number 15 099 24550 | DATE April 16, 2009 |
| CONTRACTOR | | TOWN | STATE KANSAS | LEGAL DESCRIPTION 1-33-18E | |
| LEASE / WELL NUMBER HINKLE 7-1 | | Ticket Number 41-000540 | COUNTY LABETTE | MILEAGE ONE WAY 100 | |

DIRECTIONS
KANSAS:169 & 160 GO 10 MILES EAST ON 160 . CALL STEVE WHEN YOU TURN ON 160 ,HE WILL MEET YOU ON THE HWY GOING NORTH TO LOCATION

| | | | | | | | | | |
|------------------|--|----------------------|--------------|--------|-------------------------|-------------------|-------------------------|-------------------------|---------------------------|
| Pumping Services | <input type="checkbox"/> Surface <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Longstring <input type="checkbox"/> Plug Back <input type="checkbox"/> Liner <input type="checkbox"/> Squeeze <input type="checkbox"/> Acid <input type="checkbox"/> PTA <input type="checkbox"/> Other <input type="checkbox"/> H2S | | | | | | | | |
| | Casing Size/Weight 4 1/2 | Thread 8RD | Tbng/DP Size | Thread | Plug. Cont. X | Swage X | Top Plug X | Bottom Plug | % Excess 30 |
| | Number and Type Units 1 PUMP TRUCK, 2 FIELD BINS + SERVICE LEADER | | | | | | BHST 20 | BHCT | Hole Size 6 3/4 |
| | Remarks HAVE A SAFE JOB! | | | | | | Depth-TMD 886 | Depth-TVD 888 | MUD WEIGH/TYPE |

| | | | | | | |
|---------------------|---------------------------|----------------------------|--|---|--|--|
| Cementing Materials | CEMENT | # of Sacks 115 | Type 50/50 POZ STANDARD | Additives 2% BENTONITE + 3 % GYPSUM-60 + 2 % CALCIUM CHLORIDE + 4 LB/SK GILSONITE | | |
| | | Weight PPG 13.90 | Yield Ft3/Sk 1.38 | Water Gal/Sk 6.0 | | |
| | | # of Sacks | Type | Additives | | |
| | | Weight PPG | Yield Ft3/Sk | Water Gal/Sk | | |
| | | # of Sacks | Type | Additives | | |
| | | Weight PPG | Yield Ft3/Sk | Water Gal/Sk | | |
| | | # of Sacks | Type | Additives | | |
| | | Weight PPG | Yield Ft3/Sk | Water Gal/Sk | | |
| | | # of Sacks | Type | Additives | | |
| | | Weight PPG | Yield Ft3/Sk | Water Gal/Sk | | |
| Spacer or Flush | Quantity 10 BBL | Type WATER | REMARKS SPACER W/ COTTONSEED HULLS | | | |
| Spacer or Flush | Quantity 8 BBL | Type SPACER | Additives PRO SPACER | | | |
| Other | Quantity 5 BBL | Type FRESH WATER | Additives SPACER | | | |

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Remarks/HSE
TAKE PLUG CONTAINER + MANIFOLD + BOWEL + TOP PLUG + TAKE 5 GAL OF NO FOAM +CHECK ALL EQUIPMENT BEFORE LEAVING YARD + TALK WITH CUSTOMER ABOUT PROCEUDES

| | | | | |
|-------------|------------------------|---------------|---------------|--------------------|
| Sales Items | Casing Size | Casing Weight | Thread | |
| | Guide Shoe | Float Shoe | Float Collar | Insert Float Valve |
| | Centralizers - Number | Size | Type | |
| | Well Cleaners - Number | Type | MSC (DV Tool) | MSC Plug Set |
| | Limit Clamps | Weld-A | Other | |
| | Remarks | | | |

| | | | |
|--|-------------------------------------|-----|---|
| Customer Rep. STEVE LITTELL | Phone Number 913-660-2510 | Fax | Time of Call Thursday, April 16, 2009 |
| Call Taken By STEVE BRADSHAW | 918-857-9566 | | Time Ready Thursday, April 16, 2009 |